

#### Cardiac Arrest Check List

- Resuscitation leader identified (has minimal direct patient contact)
- Monitor is visible and a dedicated provider is viewing the rhythm with all leads attached
- Monitor is in PADS mode
- Metronome confirmed continuous compressions are ongoing at 100-120 compressions per minute
- Avoid hyperventilation
- Defibrillator charged at 1:45 min of 2 min cycle
- Defibrillations occurring at 2 minute intervals for shockable rhythms
- O<sub>2</sub> cylinder with oxygen in it is attached to BVM
- EtCO<sub>2</sub> waveform is present and value is being monitored, if EtCO<sub>2</sub> < 20 quality of chest compressions are evaluated
- IV access obtained (IV or IO)\*
- Underlying cause has been considered and treated early in arrest
- Gastric distention addressed with placement of OGT\*
- Tension PTX has been considered
- Family is receiving care and is at the patient's side

\* Procedures are provider level specific

#### Post Arrest - ROSC Checklist

- DO NOT MOVE the patient for 10 minutes
- Assess EtCO<sub>2</sub> (should be > 20 with good waveform, do not try to obtain a "normal" EtCO<sub>2</sub> by increasing respiratory rate)
- Finger on pulse maintain for 10 minutes
- Continuous visualization of cardiac monitor rhythm
- Check O<sub>2</sub> supply and SpO<sub>2</sub> and titrate to SpO<sub>2</sub> of 94-99%
- Obtain 12 lead ECG
- Treat bradycardia (< 60 bpm)
- Obtain blood pressure (vasopressor agent(s) as indicated)
- Evaluate for post-resuscitative airway placement (e.g. endotracheal tube)
- Sedation as required (perform and document neurologic examination prior)
- When patient is moved, perform CONTINUOUS PULSE CHECK and continuous monitoring of cardiac rhythm
- Mask is available for BVM in case advanced airway fails
- Once in ambulance, confirm pulse, breath sounds, SpO<sub>2</sub>, EtCO<sub>2</sub>, and cardiac rhythm
- Appropriate personnel for transport
- Appropriate point of entry (CCL capable facility for STEMI or patients requiring cardiac pacing, pediatric specialty care facility for pediatric patient)

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